PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number 09860720

CLAIMS AS FILED - PART I			(Column 2)			SMALL ENTITY TYPE		OΒ	OTHER THAN			
TOTAL CLAIMS			(Column 1)		Colum	m 2)				or F		
	AL CLAIMS	ti jek a ta ry	•	. 1				A	FEE	art i sta	RATE	FEE
FOR		4	NUMBER F	ILED	NUMBE	R EXTRA		BASIC FÉÉ	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS		BLE CLAIMS	/2 minus 20=		• 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		0			X40=	*	OR	X80=	
Wint	TIPLE DEPEN	DENT: CLAIM PR	ESENT *	14.54	4.			+135=		OR	+270=	
e ji ti	ne difference i	n column 1 is le	ss than ze	ro, ente	"Õ" in co	lumn 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PA					with the same of the same	(Column 3		SMÅLLE	NTITY	OR	OTHER SMALL	
		@UAIMS		DAHIG!	EST T.A	- W. W.	10-1	+ 22 * 4	ADDI:			ADDI-
₩		DAIKINNER			OUSEY-	PRESENT.	I		TIONAL EER		RATE	TIONAL FEE
EMILE EMILE	fair	WEWELTH C	Maro	· FAIL	FOR.	(3	. 15	XS:0=		OR	;X\$18=	
	hispatha .	السيب ويساء الماسية	Yus	320		s () ()		XXX0=		OR	X80=	
	FLEST HIESE	UM FORMALAR	Merede:	ENDEN	rciam			+135=		OR	+270=	
								TOTAL		OB.	TOTAL ADDIT, FEE	
				(Colu	non (1)	(Column 3	Δ.	ADDIT. FEE			ADDII. 1 LL	
		(Column 1)			min 2) HEST	Columnia	1		ADDI-	ŀ		ADDI-
ENT B	1	REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT		RATE	TIONAL		RÁTE	TIONAL FEE
DME	Total		Minus	**	4	₩. γ.		X\$ 9=		OR	X\$18=	
4	Independent		Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF ML		PENDEN	CLAIM		- F9	1			.070	
	 	•	DE31	HVA	ILAD	LE C	ا آب	+135=		OR		
•							.:	, TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Coli	umn 2)	(Column	3)_	•				,
		CLAIMS			HEST MBER	PRESENT			ADDI-	ĺ		ADDI-
NT		REMAINING AFTER AMENDMENT		PREV	/IOUSLY D FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
DME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT C	Independent	•	Minus	***		=		X40=		OR	Voo	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDE	NT CLAIM		لـ	+135=		OR		
	f th ntry in colu	ımn 1 is less than t	he entry in col	umn 2. wi	rit "0" in co	dumn 3.		TOTAL		4	L	
" If the ntry in column 1 is less than the entry in column 2, writ "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												<u> </u>
***	it the "Highest Nu The "Highest Nur	ımber Previously P nber Previ_usly Pa	aid Fr" (Total o	or Indepe	nd nt) is the	e highest nur	nber f	ound in the ap	propriate be	ox in c	olumn 1.	